

19 Overage/Shortage Line 13 Minus Line 18

Indiana Department of Revenue

Cigarette Paper and Tube Tax Return for In-State Distributors

 Mail to:
Indiana Department of Revenue

P.O. Box 901 Indianapolis, Indiana 46206-0901

Name of License Holder				License Number	
Address				Federal I.D. Number	
City	State			Zip Code	
Telephone Number					
Part I - Cigar	ette Paper a	nd Tube Acco	ountability		
	CARTON REQ 1	CARTON REQ 2	CARTON REQ 3	LOOSE PAPERS w/TOBAC	S
1 Beginning Inventory - Unstamped					
2 Purchases - Schedule "CPA"					
3 Purchased From Licensed Distributor - Schedule "CPB"					
4 Total - Lines 1, 2 & 3					
5 Deduct Closing Inventory - Unstamped					
6 Quantity to Account for Line 4 Minus Line 5					
7 Sales in Interstate Commerce "CPD"					
8 Sales to Licensed Distributor Unstamped "CPE"					
9 Total Deductions - Lines 7 & 8					
10 Total Stamped - Line 6 Minus Line 9					
11 Tax Rate Per Items Stamped	\$.12	\$.24	\$.36	\$.12 Per 1200 Papers	
12 Tax Due Per Items Stamped	\$	\$	\$	\$	
				* * *	
13 Total Tax Due Add Line 12 All Columns ***For Loose Papers with Tobacco Affix Stamps to Back of Return					\$
Par	t II - Stamp	Accountabilit	ty		
14 Beginning Inventory of Tax Stamps					\$
15 a Add Purchases During Month	Inv Inv Date No				
b	Inv Inv Date No				
16 Total Lines 14 and 15					\$
17 Deduct Closing Inventory of Tax Stamps No. of Stamps on Hand					
18 Stamps Used During Month	<u> </u>				\$